

(Date)  
(Use your department's letterhead)



**REQUEST FOR OFFER (RFO)  
ISSUED AGAINST THE  
DEPARTMENT OF GENERAL SERVICES, PROCUREMENT DIVISION  
MASTER SERVICES AGREEMENT FOR  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**FOR:** \_\_\_\_\_

*(ordering agency insert the category # / name of service category/ subcategory)*

*(Date)*

You are invited to review and respond to this Request for Best Offer (RFO), entitled *(RFO Number and Project Name)*. In submitting your RFO, you must comply with the instructions found herein. The services required are delineated in the Statement of Work.

Please read the enclosed document carefully. The RFO due date is *(insert the day of week, MM/DD/YY and time)*. Mail your response and \_\_\_ (#) of copies clearly labeled to:

**AGENCY CONTACT INFORMATION:**

*(Contact Person's Name)*

*(Agency Name)*

*Address*

*(Telephone, Fax Number, & Email address)*

Any questions regarding this RFO should be directed to the contact named above.

**REQUEST FOR OFFER  
FOR MASTER SERVICE AGREEMENT  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**GENERAL INFORMATION**

**A. Background and Purpose of RFO for Services**

*(The user agency should provide a brief overview of the business problem statement and purpose of this RFO document. The user agency may want to include a target start date for the project and estimated time duration of project.)*

**B. Key Dates**

It is recognized that time is of the essence. All proposers are advised of the following schedule and will be expected to adhere to the required dates and times.

<u>Event</u>	<u>Date</u>
Release of RFO	_____
RFO Response Submission Due Date (time)	_____
Contractor Presentations and Interviews (if requested)	_____
Proposed Agreement Award Date	_____

**C. RFO Response Guidelines**

This RFO and the Contractor's response to this document will be made a part of the MSA order documents and resulting contract file.

Responses to this RFO must contain all data/information requested and must conform to the format described in this section. It is the Contractor's responsibility to provide all required data and any other information deemed necessary for the State's evaluation team to determine and verify the Contractor's ability to perform the tasks and activities defined in the Contractor's Statement of Work. The Contractor needs to submit at least two copies of the RFO response to the State (or the # of copies specified on the face sheet).

**1. RFO Response Content**

The following the documents must be submitted in the RFO response:

- a. Std. 213 signed by Contractor
- b. Exhibit A1 – Scope of Work--the Contractor must submit a response that maps each task/deliverable item back to the Exhibit A, Scope of Work, described in this RFO. The Contractor must submit additional sheets titled "Contractor's Response to RFO" along with the RFO number/name.
  - (1) Describe how the Contractor will perform the tasks identified in the Statement of Work, Exhibit A.
  - (2) Provide outlines and/or samples (from other completed projects) to be produced as deliverables associated with the tasks in the Statement of Work. Be prepared to provide customer references from previous projects that are similar in nature to the scope as identified in the Statement of Work.
  - (3) Provide an organization chart identifying Contractor's proposed team.
  - (4) Provide assumptions used to develop the response.
  - (5) Provide a work plan for each task, including a description of subtasks.
  - (6) Provide additional State and Contractor responsibilities not identified in the Statement of Work, if any.
  - (7) Provide resumes for each contractor staff person proposed detailing his/her experience.
  - (8) Provide a document that details the staff hours by classification, hourly rate per classification by task(s) and deliverable(s), and total cost per task/deliverable that maps to the Statement of Work.

**REQUEST FOR OFFER  
FOR MASTER SERVICE AGREEMENT  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**General Information**

c. Exhibit A2 – Cost Worksheet—all costs must be filled in by Contractor.

d. Administrative Requirements

Contractor must provide a response to the following administrative requirements: *(NOTE: the ordering agency must select which of the following items WILL be required as part of this RFO and provide the appropriate language which describes each of these requirements from the SCM and DGS/OLS website.)*

(1) Small Business Preference

(2) If the Contractor is using subcontractors, the firm name, contact person, address including city/state/zip and a phone and fax number must be listed on a separate sheet. Subcontracts are subject to ALL of the requirements, terms and conditions, and procedures detailed in this MSA.

**2. Presentations/Interviews**

The ordering agency may request a presentation/interview from the top 2-3 contractors based on the submitted RFO responses. If required, please refer to Section C, Key Dates of this section. NOTE: The Contractor's proposed key project staff (as identified in the organization chart for the project team) must be in attendance at such meetings

**REQUEST FOR OFFER  
FOR MASTER SERVICE AGREEMENT  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**Evaluation Information**

**A. Evaluation Process**

1. At the time of RFO response opening, each response will be checked for the presence or absence of required information in conformance with the submission requirements of this RFO.
2. The State will put each response through a process of evaluation to determine its responsiveness to the State's needs.
3. The following “rating criteria” are suggested items to consider.
  - Do the tasks identified support the complete Statement of Work requirements?
  - Are the outlines/samples (from other completed projects) of deliverables acceptable and will they support the Statement of Work? Did the Contractor include references from previous projects which are similar in nature to the work outlined in this RFO?
  - Does the organization chart identifying proposed team members adequately support the Statement of Work?
  - Do the assumptions used to develop the response make sense in relation to the Statement of Work?
  - Does the work plan for each task, including a description of subtasks adequately support the Statement of Work?
  - Do the “additional” State and Contractor responsibilities identified in the Statement of Work seem reasonable?
  - Do the resumes for each staff person proposed for project team provide adequate experience/knowledge to support the Statement of Work?

**REQUEST FOR OFFER  
FOR MASTER SERVICE AGREEMENT  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**Evaluation Information**

4. The client agency must designate the type of evaluation method to be used—low cost or best value.

a) **LOW COST**

If the final selection will be made on the basis of the lowest responsible cost, the evaluation criteria is very simple==the contractor's response that is responsive to all requirements and is the low cost wins.

b) **BEST VALUE**

If the final selection will be made based on best value to the State, those RFO responses that responded to all areas of the RFO will be deemed responsive. Those responses will then be subject to the following evaluation review. The responses are scored based on the rating criteria for each Scope of Work requirement, responsiveness to the administrative requirements, and the cost worksheet. The selection process is then based on the justification of the Contractor response that "best" meets the State's requirements.

5. Contractor must complete the cost sheet that identifies the staff hours by classification, hourly rate per classification, the task by deliverable(s) and total cost per deliverable identified in the Statement of Work—see Exhibit A, Statement of Work, Cost Worksheet.
6. The pages titled "Contractor Evaluation and Selection Form" will be the evaluation form. The sample that follows can serve as a dual-purpose document--it details the evaluation process to be used by the ordering agency. These pages can also be used as the evaluation documents for responses to this RFO.

**REQUEST FOR OFFER  
FOR MASTER SERVICE AGREEMENT  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**Exhibit A – Scope Of Work**

**A. SCOPE AND DESCRIPTION**

*(The agency needs to be fairly detailed in describing the expected scope of the project including the need for phases, in necessary.)*

**B. CONTRACTOR TASKS AND RESPONSIBILITIES**

*(The agency needs to list some of the expected tasks.)*

**C. DELIVERABLES**

*(The agency needs to list some of the deliverables expected, i.e., reports, meetings, committee assignments, etc.)*

**D. ACCEPTANCE CRITERIA**

*(The agency needs to be clear on acceptance. It shall be the State's sole determination as to whether a deliverable has been successfully completed and is acceptable to the State. There must be a signed acceptance document before invoices are processed for payment.)*

*Acceptance criteria shall consist of the following:*

- 1. Reports on written deliverables are completed as specified and approved.*
- 2. All deliverables must be in a format that can be used by the State.*
- 3. If a deliverable is not acceptance, the State shall provide the reason in writing within 5 days of receipt of the deliverable.*

**E. OTHER REPORTING REQUIREMENTS**

- 1. On a \_\_\_\_\_ (weekly or monthly) basis, each contractor staff person shall complete a timesheet.*
- 2. The Contractor will develop and provide ad hoc reports as deemed appropriate and necessary.*

**F. STATE RESPONSIBILITIES**

- 1. Provide access to business and technical documents as necessary for the Contractor to complete the tasks identified under this agreement.*

**G. TRAVEL**

- 1. If travel reimbursement has been agreed to by client agency, need to state what the agreement for travel expenses is here.*

**REQUEST FOR OFFER  
FOR MASTER SERVICE AGREEMENT  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

**Exhibit A – Scope Of Work--Cost Worksheet**

<u>DIRECT LABOR</u>	<u>HOURS</u>	<u>RATE</u>	<u>TOTAL</u>	<u>TASK</u>	<u>DELIVERABLES</u>
---------------------	--------------	-------------	--------------	-------------	---------------------

_____	_____ @	_____	_____	_____	_____
-------	---------	-------	-------	-------	-------

_____	_____ @	_____	_____	_____	_____
-------	---------	-------	-------	-------	-------

_____	_____ @	_____	_____	_____	_____
-------	---------	-------	-------	-------	-------

_____	_____ @	_____	_____	_____	_____
-------	---------	-------	-------	-------	-------

**Subtotal** \$ \_\_\_\_\_

**SUBCONTRACTOR(S) COST ITEMIZED** \$ \_\_\_\_\_

Identify the subcontractor labor level and hourly cost, etc.—NOTE: the hourly cost cannot exceed the labor hour costs awarded under this MSA.

_____	_____ @	_____	_____
-------	---------	-------	-------

_____	_____ @	_____	_____
-------	---------	-------	-------

**Subtotal** \$ \_\_\_\_\_

**DIRECT COSTS (EXCEPT LABOR)**

**Travel Costs (as allowed and approved by ordering agency** \$ \_\_\_\_\_

**TOTAL COSTS** \$ \_\_\_\_\_